PROCESSED
MAR 04 2004

UNITED STATES
SECURITIES AND EXCHANGE COMMISSIONS
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

PRECEIVED

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SEC USE ONLY					
Prefix		Serial			
DATE RECEIVED					

Name of Offering (check if this is an amendment and name has changed, and indicate change.)						
Limited Partnership Interests						
Filing Under (Check box(es) that	it apply): 🗌 Rule 504 🔲 Rule 505 🔯 Rule 506 🔲 Se	ection 4(6) ULOE				
Type of Filing: New Filing I	Amendment					
	A. BASIC IDENTIFIC	ATION DATA				
1. Enter the information request	ed about the issuer					
Name of Issuer (check if this J&R Founder's Fund II, L.P.	is an amendment and name has changed, and indicate cl					
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (inc	cluding Area Code)			
c/o Parthenon Capital		(617) 960-4000				
200 State Street						
Boston, MA 02109		<u> </u>				
Address of Principal Business O	perations (Number and Street, City, State, Zip Code)	Telephone Number (inc	cluding Area Code)			
(if different from Executive Offi	ces)					
Brief Description of Business						
Investment Fund			1991 (191 BING BING BING) (1918 HISB HISB HISB HISB HISB)			
Type of Business Organization						
corporation	⊠limited partnership, already formed		04009669			
		other (please specify):	04009009			
business trust	□limited partnership, to be formed					
	Month Year					
Actual or Estimated Date of Inco	orporation or Organization: 07 03	Actual				
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:						
<u> </u>	CN for Canada; FN for other for	eign jurisdiction) DE				

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC II	DENTIFICATION DAT	r _A			
2. Enter the information rec		following:					
	0 1						
X Each executive of		or of corporate issuers ar er of partnership issuers		nd managing pa	rtners of partnership issuers; and		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner		
Full Name (Last name first, Jacquet, Ernest K.	if individual)						
Business or Residence Addr							
c/o Parthenon Capital, LL Check Box(es) that Apply:		Beneficial Owner		Director	General and/or Managing Partner		
Full Name (Last name first, Rutherford, John		Belieficial Owlier	⊠ Executive Officer	Director	General and/or Managing Partner		
Business or Residence Addr c/o Parthenon Capital, LL							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner		
Full Name (Last name first, J&R Advisors F. F., LLC	if individual)						
Business or Residence Addr c/o Parthenon Capital, LL							
Check Box(es) that Apply:		☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, J&R Investment Managen		. LLC					
Business or Residence Addr c/o Parthenon Capital, LL	ess (Number ar	d Street, City, State, Zip					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner		
Full Name (Last name first,	if individual)						
Business or Residence Addr	ess (Number ar	d Street, City, State, Zip	Code)				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first,	if individual)						
Business or Residence Addr	ess (Number ar	id Street, City, State, Zip	Code)				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first,	if individual)						
Business or Residence Addr	ess (Number ar	d Street, City, State, Zip	Code)				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first,	if individual)						
Business or Residence Addr	ess (Number ar	id Street, City, State, Zip	Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first,	if individual)				•		
Business or Residence Addr	ess (Number ar	nd Street, City, State, Zip	Code)				

					B. INFO	RMATIO	N ABOU	T OFFER	UNG					
1. Has t	ne issuer sol	d, or does t	he issuer in	tend to sell,	to non-acc	redited inve	estors in thi	s offering?					Yes	No ⊠
				A	Answer also	in Append	lix, Column	2, if filing	under ULO	E.				
2. What	is the minir	num investi	nent that w	ill be accep	ted from an	y individua	al?						\$ 25,00	00
3. Does	the offering	permit join	ıt ownership	of a single	unit?		*********		••••••	•••••			Yes	No
remui perso five (only.	neration for n or agent o 5) persons to	solicitation f a broker o o be listed a	of purchase r dealer reg re associate	ers in conne istered with	ection with a	sales of sec nd/or with:	urities in that a state or sta	e offering. ates, list the	If a person name of th	to be listed e broker or	nission or sin is an associ dealer. If r broker or d	iated nore than		⊠
Full Name (IN/A	ast name fi	rst, if indivi	idual)											
														
Business or I				treet, City,	State, Zip C	lode)			- <u>-</u>					
Name of Ass	ociated Bro	ker or Deal	er											
States in Wh	ich Person I	Listed Has S	Solicited or	Intends to S	Solicit Purc	hasers								
(Check	"All States	or check i	ndividual S	tates)			•••••••				All States			
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full Name (I	ast name fi	rst, if indivi	idual)											
Business or I	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)				*				
Name of Ass	ociated Bro	ker or Deal	er											
States in Wh	ich Person I	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers								
(Check "All	States" or cl	heck individ	lual States)	• • • • • • • • • • • • • • • • • • • •			•••••				All States			
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full Name (I	ast name fi	rst, if indivi	idual)											
Business or l	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)								
Name of Ass	ociated Bro	ker or Deal	er											*
States in Wh	ich Person l	Listed Has S	Solicited or	Intends to	Solicit Purc	hasers					····································			
(Check "All	States" or cl	heck individ	lual States)								All States			
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "6" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	s
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$ 14,000,000	\$ 6,200,000
	Partnership Interests	\$	s
	Other (Specify)	\$	\$
	Total	\$	s
	Answer also in Appendix, Column 3, if filing under ULOE.		<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	23	\$ 6,200,000
	Non-accredited Investors		S
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	\boxtimes	\$ 40,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	\boxtimes	\$ 40,000
			L

	C. OFFERING PRIC	E, NUMBER OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	
4.	expenses furnished in response to Part C - Question	ring price given in response to Part C - Question 1 and total n 4.a. This difference is the "adjusted gross proceeds to the		
	issuer."			\$ 13,960,000
5.	the purposes shown. If the amount for any purpose	oceeds to the issuer used or proposed to be used for each of e is not known, furnish an estimate and check the box to the d must equal the adjusted gross proceeds to the issuer set		
			Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees		□ \$	□ s
	Purchase of real estate		□ \$	□ \$
	Purchase, rental or leasing and installation of mach	ninery and equipment	□ \$	□ s
	Construction or leasing of plant buildings and facil	□ \$	□ \$	
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset pursuant to a merger)	□ \$	□s	
	Repayment of indebtedness	□ s	□ \$	
	Working capital		□ s	□ \$
	Other (specify): Investments		□ \$	⊠ \$ 13,960,000
	Column Totals		□ s	⊠ \$ 13,960,000
	Total Payments Listed (column totals added)		⊠ \$ 13,960,000	
		D. FEDERAL SIGNATURE		
an u		e undersigned duly authorized person. If this notice is filed unties and Exchange Commission, upon written request of its sta		
Iss	uer (Print or Type) R Founder's Fund II, L.P.	Signature 2 Date	ruary, 27 2004	
	me of Signer (Print or Type) nn C. Rutherford	Title of Signer (Print or Type) Managing Member of the Managing Member of the Fund	ı	

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION